

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

Corporation Name

pg 8.000063292
Yousefi Inc.

Principal Office Address

5210 Creekmore Lane
Suite, Apt. #, etc.

3. Mailing Office Address

5210 Creekmore Lane
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

33624

Country

U.S.A.

Zip

33624

Country

U.S.A.

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/98

5. FEI Number

59-3525551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Shawn and Stephanie Yousefi

Street Address (P.O. Box Number is Not Acceptable)

5210 Creekmore Lane

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code

33624

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Stephanie Yousefi

REGISTERED AGENT MUST SIGN

Date

12/22/03

Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Shawn Yousefi	5210 Creekmore Lane	Tampa FL 33624
Vice Pres.	Stephanie Yousefi	5210 Creekmore Lane	Tampa FL 33624

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Stephanie Yousefi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/03

Date

813-963-1932

Daytime Phone #